05/18/2012 20 : 44

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## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL     Friends of Joe Baca        |                               |                                       |              |   |  |
|--|-------------------------------|---------------------------------------|--------------|---|--|
| ADDRESS (number and street) 555 Capitol Mall, Suite 1425 |                               |                                       |              |   |  |
| CITY, STATE, and ZIP CODE                                |                               |                                       |              |   |  |
| Sacramento   | CA 9                          | 95814                                 |              |   |  |
| 2. NAME OF CANDIDATE                                     | 3. OFFICE SOUGH               | 3. OFFICE SOUGHT (State and District) |              | 4. FEC IDENTIFICATION NUMBER  |  |
| Joe Baca   | House                         | CA 3                                  | C00325449    |   |  |
| 5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING        | YES, IT AMENDS                | THE NOTICE FILED O                    | N /          | /   |  |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employe               | Name of Employer                      |              | Amount  |  |
| Angela C. Gali   | The GSI Group                 | The GSI Group                         |              |   |  |
|  |                               |                                       | 05/18/2012   | 2500.00   |  |
| 6504 Smoot Drive   |                               |                                       |              |   |  |
|  |                               | Transaction ID : NON.F65.9060         |              |   |  |
| McLean VA 22101  | · ·                           | Occupation<br>Executive               |              |   |  |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE               |                               |                                       | Date (month, | Amount  |  |
| •  |                               | Name of Employer                      |              | Amount  |  |
| Dylla Gali   | Tuckan Petrolet               | Tuckan Petroleum                      |              | 2500.00   |  |
| 10109 Garden Highway                                     |                               |                                       | 05/18/2012   | 2500.00   |  |
|  | Transaction ID                | Transaction ID : NON.F65.9061         |              |   |  |
| <b>.</b>   | Occupation                    | Occupation                            |              |   |  |
| Potomac MD 20854   | Director                      |                                       |              |   |  |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employe               | r                                     | Date (month, | Amount  |  |
| Francisco Gali Sr.                                       | Gali Service Industries, Inc. |                                       | day, year)   |   |  |
|  |                               |                                       | 05/18/2012   | 2500.00   |  |
| 6504 Smoot Drive   |                               |                                       |              |   |  |
|  |                               | Transaction ID : NON.F65.9062         |              |   |  |
| Mc Lean VA 22107   |                               | Occupation  Director                  |              |   |  |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employe               |                                       | Date (month, | Amount  |  |
| ,  | . tame or Employe             |                                       | day, year)   |   |  |
|  |                               |                                       |              |   |  |
|  |                               |                                       |              |   |  |
|  |                               |                                       |              |   |  |
|  | Occupation                    | Occupation                            |              |   |  |
|  |                               |                                       | Date (month, |   |  |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE               | Name of Employe               | Name of Employer                      |              | Amount  |  |
|  |                               |                                       | day, year)   |   |  |
|  |                               |                                       |              |   |  |
|  |                               |                                       |              |   |  |
|  | Occupation                    | Occupation                            |              |   |  |
|  |                               |                                       |              |   |  |
| SIGNATURE (optional)                                     |                               | DATE                                  | For further  | information contact:  |  |
| Joe Baca   | [Floatronically Eil           | [Electronically Filed]                |              | Federal Election Commission<br>999 E Street, NW, Washington, DC 20463<br>Toll Free 800-424-9530, Local 202-694-1100 |  |
|  | LEACH OMETING TW              |                                       |              |   |  |

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